U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

N615 READ THE INSTRUCTIONS CAREFU	ILLY BEFORE PREPARING THIS REPORT.
E Question	
1. File Number U - 221B	2. Fiscal Year Covered From:
	1 / 1 / 64 Through: 12 / 31 / 64
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name HOWARD L ARNOLD	Name PAREFUTTERS LOCAL UNDON 208
	Labor Organization File Number 042-108
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6350 N. BRONOWAY	Street 6350 N. BRANDWAY
City DEDUBA	City (05) VEC
State COLORAGO AND ZIP Code + 4	State State ZIP Code +4 802/6
5. Position in labor organization.	
	ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Heid an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	r derived income or other economic benefit of tion represents or is actively seeking to represent.
Name and address of Employer (Including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
	7.b. Amount
Street	7.b. Amount:
Street City	7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Hound I demild

On 82-05 Date 303 428 **4180** Telephone Number

Name of Person Filling Howard L Arnold		File Number U-
B. Heid an interest in or derived income or economic benefit with monetary values aubstantial part of which consists of buying from, setting or leasing to, or other of an employer whose employees your labor organization represents or is active.  (2) any part of which consists of buying from or setting or leasing directly or Indidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectiv to, or otherwise	3
8. Name and address of Business (Including trade name, if any).  Name REFERENS LOCAL 208 JATE.  Trade Name, if any: Joseph APPLENTSHIP (RADUMG COMMERCE)  P.O. Box, Bidg., Room No., if any  Street 6350 BROADWAY  City DENVER  State COLORADO ZIP Code +4 80216	9. Business deals with:  a. Labor Organization b. Trust c. Employer	t <b>ion</b>
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Joseph All Property For Community of the Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such deals	
Street 6350 BLOADWAT  City OENVER  State COLORADO ZIP Code + 4	11.b. Approximate dollar value  12.a. Nature of interest hele  APPROXIMATE CHESTINAS	
C. Received from any employer (other than an employer covered unde	12.b. Amount.	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, If any:		
P.O. Box, Bidg., Room No., If any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Reporting Employer. Denver Pipefitters Joint Apprenticeship						File Number			
Check item Number (from Page 2) to which this Part B applies	ITEM 8.a 🄀	ITEM 8.b	ITEM	8.c 🔲	ITEM 8.d	ITEM 8.e	ITEM 8.f		
9.a. 🛮 Agreement 📋 Payment 🔲 Both				9.c. Position In labor organization or with employer (if an independent labor consultant, so state).  Business Agent					
Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			Name and address of firm or labor organization with whom employed or affiliated.						
Name Howard Arnold				Organization Pipefitters Local Union 208					
P.O. Box, Building and Room Number, if any			P.O. Box, Building and Room Number, if any						
Street 6350 Broadway			Street	6350 Bı	roadway				
City Denver			City	Denver					
State Colorado	ZIP Code + 4	80216-1035	State Colorado ZIP Code + 4 80216-1035				4 80216-1035		
Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.  None			10.b. The promise, agreement, or arrangement was:						
		mace.	I	Oral	Writte	n* Both			
		(*Written agreements entered into during the fiscal year must be attached.)							
11.a. Date of each payment or expenditure ( mm/dd/yyyy ).	11.b. Amount of expend	of each payment diture	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)						
05/21/2004		63	Completion Dinner						
12/08/2004	]	30	Committee Christmas Luncheon						
	}								
			<u> </u>			<u></u>			
12. Explain fully the circumstances of all paym						**			
Business Agents are invited to Annual Completion Dinner and to Annual Christmas Luncheon.									